



POOL WATER SUBMISSION FORM
Environmental Microbiology
Connecticut Department of Public Health
Katherine A. Kelley State Public Health Laboratory
395 West St. Rocky Hill, CT 06067
PH (860) 920-6699 FAX (860) 920-6703

FOR LAB USE ONLY:
Called significant results: _____
(Initials)
Contact name: _____
Voice mail: Yes No (circle one)
Date/Time: _____

Date and Time Received

ACCESSION LABEL
LAB USE ONLY

NAME AND ADDRESS OF SUBMITTER:
INCLUDE PROFILE NUMBER

TO BE COMPLETED BY COLLECTOR

ADDITIONAL SAMPLE DESCRIPTION:

DATE COLLECTED (MM DD YYYY)

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TIME COLLECTED (Military Time)

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Name of Utility or Property Owner

Collector's Sample Number

Address of Sample Collected

Name of Collector:

Town, State and Zip Code of Sample Collected:

Collector's Phone Number

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Select Water Source

☐ Private ☐ Public

SOURCE OF SAMPLE COLLECTED: (EX. Swimming pool,/Whirlpool: Deep, Shallow, Middle.)

Additional Information: (Complaints, Requests, Treatments, Etc.)

POOL WATER TEST REQUEST

FOR COLLECTOR: PLEASE CHECK TESTS

☐ **POOLGRP: TOTAL COLIFORM**

STANDARD PLATE COUNT

☐ **P-AERG-MPN: WHIRLPOOL
PSEUDOMONAS AERUGINOSA**

FOR LABORATORY USE ONLY:

TOTAL COLIFORM _____ PER 100ML

1 DIL _____ -1 DIL _____ SPC PER ML _____

MTF _____ MPN PER 100 ML